

During the Self-Enrollment process, a person who is legally authorized to bind the producer must create the username and password. This is crucial because the name of the user will automatically generate as a signature at the end of the certification.

The CDSOA certification consists of four pages. Each page must be completed in its entirety before continuing on to the next page. If filing under more than one case, do not include that case again under all other orders and findings. After acknowledging that all the information is true and accurate, the "Submit Data" button must then be selected. Failure to select the "Submit Data" button could result in the loss of information and non-receipt of the certification. After the form has been submitted electronically, claimants will be given a tracking number in the User Center section. This number will allow claimants to view the status of the claim. If the form is submitted properly the "Form Status" will state "Accepted." This only means that the form has been submitted properly not that the claim has been verified for accuracy by CBP.

*Please note that the session will expire after it has remained idle for a total of 30 minutes, which could result in possible data loss. If more time is needed to complete the certification, select "Request More Time" and the time will be reset to 30 minutes.

If filing on more than one case, a duplicate copy of a submitted certification can be made. Therefore, appropriate form adjustments can be completed without having to start the process again. After selecting the "Submit Data" button and the form has been accepted, click "Duplicate" under Form Actions.

*Please keep in mind changes must be made to the case number and case names when duplicating a form.

To view and/or print a completed certification select, "View PDF," which is also under Form Actions. To view, print or duplicate a certification while logged out; please complete the following steps. Log in, locate the Forms box under Forms List and select "Submitted Forms."

If, during the completion process of the form, help is needed in understanding a question, simply place the cursor over the answer box. By doing so, a small text box will appear providing a brief explanation of the information that should be entered.

While navigating through the form, please avoid using the Enter key and the browser's Back button. Using these keys could result in incomplete data being transmitted, pages being loaded incorrectly, and/or the user being logged out of the form. Please use the form's navigation buttons wherever possible.

All certifications not submitted electronically should be addressed to:

Assistant Commissioner
Office of Finance
Bureau of Customs and Border Protection
Revenue Division
Attn: Leigh Redelman
P.O. Box 68940
Indianapolis, IN 46268

Any delivery by an express or courier service requiring a street address should be addressed to:

U.S. Customs and Border Protection
Attn: Leigh Redelman
6650 Telecom Drive, Suite 100
Indianapolis, IN 46278

Department of Homeland Security
U.S. Customs and Border Protection
Continued Dumping and Subsidy Offset Act of 2000 Form

OMB No. 1651-0086

Claimant's Information

* Claimant's Name: _____
(If Person's Name List Last Name, First Name)

* Mailing Address: _____
Address 2: _____

* City: _____

* State: _____

* ZIP/Postal Code: _____

☐ Check here if mailing address is a PO Box.

(Required when mailing address is a PO Box)

Street Address: _____

Address 2: _____

City: _____

State: _____

ZIP/Postal Code: _____

* Business Type:

Please Select One: Please Select One:

☐ sole proprietorship

☐ Social Security Number

☐ partnership

☐ Employee Identification Number

☐ corporation

☐ Federal Tax Identification Number

Enter Number Here _____

* Are you claiming a CDSOA distribution as a successor company? ☐ yes ☐ no

If YES, please provide the name of the company and the date of the succession:

Name _____ Date _____

* Are you an association, coalition, or cooperative that appears on the USITC list and files on behalf of your members? ☐ yes ☐ no
(See 19 C.F.R. 159.61(b)(ii))

If YES, please provide Power of Attorney within 10 days of filing certification. Please mail Power of Attorney to the following address:

Assistant Commissioner
Office of Finance
Bureau of Customs and Border Protection
Revenue Division
Attn: Leigh Redelman
PO Box 68940
Indianapolis, IN 46268

If NO, are you filing as a member of an association, coalition, or cooperative that appears on the USITC list? ☐ yes ☐ no

If YES, please provide the name of the organization(s) and dates of membership:

Organization _____ Start Date _____

☐ Check here if you are currently a member

Contact Information

* Contact Person: _____ Contact Email: _____
 * Contact Phone: _____ Contact Fax: _____
 (if different from mailing address)

Address: _____
 Address 2: _____
 City: _____
 State: _____
 ZIP/Postal Code: _____

Federal Register Notice Information

* Date of Federal Register Notice: _____
 * Commerce Case Number: _____
 * Commerce Case Name: _____
 (product/country)

Qualifying Expenditures for Current Year

1. Manufacturing Facilities	\$ _____
2. Equipment	\$ _____
3. Research and Development	\$ _____
4. Personnel Training	\$ _____
5. Acquisition of Technology	\$ _____
6. Health care benefits for employees paid for by the employer	\$ _____
7. Pension benefits for employees paid for by the employer	\$ _____
8. Environmental Equipment, Training or Technology	\$ _____
9. Acquisition of Raw Materials and Other Inputs	\$ _____
10. Working Capital or Other Funds Needed to Maintain Production	\$ _____
* Total amount of qualifying expenditures currently certified	\$ _____
Total amount of qualifying expenditures previously certified	\$ _____
Less: Total amount of prior distributions	\$ _____
* Net amount of remaining qualifying expenditures	\$ _____

Statement of Eligibility

_____ (claimant's name) desire to receive a distribution and is eligible to receive a distribution as an affected domestic producer. I affirm that the net amount certified for distribution does not encompass any qualifying expenditures for which distributions previously have been made. _____ (claimant's name) remains in operation and continues to produce the product covered by the particular order or finding under which the distribution is sought. _____ (claimant's name) has not been acquired by a company that opposed the investigation or acquired by a business related to a company that opposed the investigation.

If the claimant is filing on more than one order or finding where same expenditures are used, the claimant must list all other orders and findings.

Certification

The information contained in this certification is true and accurate to the best of the knowledge and belief, under penalty of law, of the claimant and the claimant has records to support the qualifying expenditures being claimed.

* Print Name of Corporate Officer Legally Authorized to Bind Claimant

* Date

* Signature of Corporate Officer Legally Authorized to Bind Claimant

* Title of Corporate Officer

By submitting this certification, the certifier, _____, states that they are legally authorized to bind the producer and that information contained in the certification is true and accurate to the best of the certifier's knowledge and belief under penalty of law and the domestic producer has records to support the qualifying expenditures being claimed.

Privacy and Paperwork Reduction Act Statement

This statement is provided pursuant to the Privacy Act of 1974 (P.L. 93-579) for individuals seeking distributions under the Continued Dumping and Subsidy Offset Act of 2000 (19 U.S.C. § 1675c, as amended). The requested information is collected under the authority of 19 U.S.C. 1675c. The information collected on this form will be used by CBP to determine a claimant's eligibility for a distribution under the Continued Dumping and Subsidy Offset Act of 2000. Furnishing the information on this form is voluntary, however, failure to provide all requested information may result in denial of your certification. The name of the claimant, the total dollar amount claimed by that party on the certification, as well as the total dollar amount that CBP actually disburses to that claimant as an offset, will be available for disclosure to the public, as specified in 19 C.F.R. § 159.63. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a social security number or tax identification number.

We estimate this form will take an average of 1 hour to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to CBP Office of Finance Revenue Division. The OMB number, 1651-0086, is currently valid. CBP may not collect this information, and you are not required to respond, unless this number is displayed.